



Directions: Please complete the information below to submit your request to close your *Good to Go!* account. *Good to Go!* must receive a signed copy in order to process your request. Return information is included at the bottom of this page.

**1. Personal Information**

**\* Denotes required information**

*Last Name	*First Name	M.I.	*Phone
*Address	*City	*State	*Zip

**2. Account Information**

*Good to Go! Account Number	*Transponder Number	*Good to Go! Account Balance
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Requested Account Closure Date: ..... Please note that the refund amount may be different due to account usage.

**3. Refund Information**

If the last form of payment was via credit card, the refund will post to that credit card. All other refunds will be processed as a check, Washington State Warrant, and issued to the account holder or the estate of the account holder. Please allow 15 days from receipt of this request form for processing.

- ☐ Moving  
☐ New Mailing Address .....  
☐ Dissatisfied  
☐ No Longer Used  
☐ Financial Reasons  
☐ Other (Please Explain): .....

**4. Authorization**

*Signature	*Date
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Please return a signed copy of your request to the *Good to Go!* customer service center by mail, email, or fax.

**Mailing Address:** *Good to Go!*; P.O. Box 300321 Seattle, WA 98103-9721

**E-mail Address:** goodtogo@wsdot.wa.gov (Please attach the form as a PDF to your e-mail)

**Fax:** 206-547-0496

**For Internal Use Only**

Request for Refund <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Current Customer Account Balance	Date Submitted	Representative
<b>Final Processing</b>			
Final Refund Amount	Representative Signature	Date	
Refund Processed to: <input type="checkbox"/> Credit Card <input type="checkbox"/> State Warrant			